MARYLAND STATE DEPARTMENT OF HEALTH

TO DOCA TO THE ASPECTOR OF A DOCUMENT OF A SECTION AND DATE. J= JJ0-0-Pl Legiste amignic per $\mathcal{L}_{\epsilon} = \mathcal{L}_{\epsilon}^{*}$ The state of the s Entered the comment of the contract of the con and the the bid a document. A see a security as 2000 viol tue. Internal I I - I - I falls Transfer Literal Landing States And the second

FOR STATE TO DEPUTY M. SAL EXAMINER! This sertificate should be essecuted within 24 haurs after death. If any delay it is sarry, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH (14372)

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
1	e. COUNTY HOWARD MARYLAND	a. STATE MARYLAND b. COUNTY HOWARD							
1	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ELKRIDGE							
-	Elkridge d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)								
	a. NAME OF HOSPITAL OR INSTITUTION (IT not in nospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?							
Tr	woods, 1 mi. from Mr. Faulkners Home	Box 159 -Hanover Rd. YES NO							
	NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year							
	(Type or print) JOHN HENRY	CHANEY. JR. OF April 13. 19 61							
5.		DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS.							
		lest birthday) Months Days Hours Min.							
	Male White WIDOWED DIVORCED	1/6/06 55yrs.							
	a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR one during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Welder and Laborer Penn. R.R.	Elkridge, Md. USA							
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		M 11 D D 1 3							
)	John Henry Chaney	Martha R. Reigle							
	as, no, or unkown) ! (If yes give war or dates of service)	NFORMANT Addrass							
	es - World War #2	Mrs. Evelyn Marcovitch (sister)							
400	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
	IMMEDIATE CAUSE (a) Acute Alcoholism.								
	PO E of DEXIGN								
	Conditions, if any, which (b) Fatty metamorphosi	s of the liver.							
	gave rise to immediate cause (a), stating the underlying OUE TO								
	couse last.								
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
은		PERFORMED?							
5		YES 🗶 NO 🗌							
CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury in Part I or Part II of item 18.)							
3	CAUSE OF DEATH.								
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (Stata)							
MEDICAL	Lioni dime	ory, street, office bldg., atc.)							
X	p.m. 19 al work al work								
	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion								
	death resulted from: Natural causes X, Accident . Suici	ide . Homicide . Undetermined manner							
		CHIEF MEDICAL EXAMINER							
	ACTUAL //// //h. **	ASSISTANT MEDICAL EXAMINER A DATE SIGNED							
1	SIGNATURE WOOD X	M.D.							
-	EXAMINER'S LIVER TO ME	DEPUTY MEDICAL EXAMINER [April 14, 1961							
-	NAME (Typa) William V. Lovitt, Jr., M.D.	Addrass (Street, city, town, or county)							
22	B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stata)							
T		e Ometery Elkridge, Maryland							
	Burial 4/117/61 Meadowridge L. FUNERAL DIRECTOR ADDRESS	e Ometery Elkridge, Maryland							
2:	Burial 4/117/61 Meadowridge	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							

a orb. S det der del set det For season of the later later to absorbe ULBER, AL. April Dr. BILLY NILLY Shriffing 10 - Val PRIMAR ALE EMERGE PRINT, N. T. Wilson Understand tion and the rest of the cost XXXXX SH DE STYLE - OW . Tipocopii Blums TOVER ME TO Administration when the cobstall free Burner Winter 1 Assignations two way altridge, her Tonde Howard H. Bubberd Willens W.

1.200

CERTIFICATE OF DEATH

04373

1	1900	CERTIFICAT	E OF DEATH	Reg. Dis	t. No.
1. PLACE OF DEATH O. COUNTY	vatel	MARYLAND 2	a. STATE	b. COUNTY	e before admission)
b. CITY OR NOWN III outs PURAL and give pegrest	de carparate timits, write c. L	ENGTH OF STAY IN 16	alest Thus	rporate limits, write RURAL and g	ive nearest fawn)
d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, give street addre	rst) (d. STREET ADDRESS	144	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	rah Fins Low	i Middle	ROSS 4. DAT		Day Yeor /2 196/
5. SEX 6. C	COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED B. I	DATE OF BIRTH 1878		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (G during misst of working li	e, even i retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	n country) 12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME Basil	T, Shin	nes	Marity Elle	w delles	
15. WAS DECEASED EVER IN I	J. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17, INFO	Edward R. Sh	hunde Ph	octow. N. J.
PART I. DEATH W	EDIATE CAUSE (a) ACU	(o), (b), and (c).] te cardiac	failure		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, w gave rise to immed cause (a), stating the un lying cause last.	ligte (onary scler	osis		10 years
CONVUL:	Sive disorder	etiology	T RELATED TO THE TERMINAL DISE undetermined Enter noture of injury in Parl 1 or 6		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDI-	onth, Day, Year 20d, INJUR	Y OCCURRED 20e. PLACE foctor of work	OF INJURY (Home, form, 20f. (C	City or town) (C	aunty) (Slale)
21. I certify that I olive on April ACTUAL SIGNATURE	12 1961 whs S. W	, and that death or	Clarksvil	om the causes and on th (Street, city or town, state)	
22g. BURIAL, CREMATION, 22 ARMOVAL (Specify)	arles S. Whi 26. DATE THEREOF 4-15-6/	NAME OF CEMETERY OR C		CATION (City, tayin, or county)	M (State)
23. FUNERAL DIRECTOR'S SIG	Haight (ADORESS! Hypersoulle!	240. REC'D BY REG	1STRAR 246 REGISTRAR'S SIG 7 161 Orthur	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to the hospital or attending physician.

TO FUNERAL DIRECTOR STATES After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 [4] 15M 9/SS

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Howard a. STATE Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits. write RURAL and give nearest town) for your West Friendship f any delay is he funeral dires d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d STREET ADDRESS urs after death. If any delay is 1, 2, and 3 to the funeral di Page 5 may be retained for 1 and 2 with the State Boar 72 hours after Weath. Rt. 32. 3/4 mi. so. of W. Friendship NAME OF Middle DATE Month 4. DECEASED OF DORSEY . JR . CHARLES WARFTELD DEATH (Typa or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR lest birthday) Months Male Colored WIDOWED [DIVORCED YES. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) Maryland laborer -farm pages | 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Grace V. Brown Charles Dorsey FIG event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no. or unkown) | [[fyesgivawar or detesofservice] John H. Dorsey, West Friendship, any EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). Office along w burial-fransit p PART I. DEATH WAS CAUSED BY: Fractured neck and brain injury IMMEDIATE CAUSE (a) DUE TO removal, Blunt-force head injury Conditions, if any, which deve rise to immediate cause "pending" 10 Medical Examiner's DUE TO (a), stating the underlying SE 6 nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY 8 should be forwarded to the Chief Medical Eshould be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be its designated, agent, prior to burial, cremat 20a. EXTERNAL CAUSE WAS PRIMARY AS OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Struck by car 20- TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not While Rt. 32 8:45 at work at work Street 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry agent, Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY W. Bradley-King, Jr., M.D. EXAMINER'S NAME (Type) Addrass (Streat, city, town, or county) 22h. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION. REMOVAL (Specify) 40 9 0 0 Bushy 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE

Luther H. Haight, Sykesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

Year

161

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO I

(Stata)

Md.

and in my opinion

DATE SIGNED

1/16/61

(Stete)

Co.

Day

U.S.A.

(County)

Howard

Howard

Chillian & Kraus

DAMPR 2 0 '61

ON A FARM?

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4382	CERTIFIC	ATE OF DEA	TH	R	leg, Dist. No.	04375
1. PLACE OF DEATH a. COUNTY HOWARD	MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where deceased live	b. COUNTY	Residence before	re admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Ellicott City	c. LENGTH OF STAY IN 1b		(If outside carporate	limits, write RUR	AL and give nea	srest town)
d. NAME OF HOSPITAL (If not in haspitol, give stree OR INSTITUTION Shaffers Convalescent Re		d. STREET ADDRESS	5			e. IS RESIDENCE ON A FARM? YES NO (A)
3. NAME OF First DECEASED	Middle	lost	4. DATE OF DEATH	Month	Do	y Yeor
(Type or print) LOUISE	R FEILD			April	17	1961
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. A		Aonths Days	Hours Min.
Female White WIDOW		4-20-1869		91 yrs.	norms Days	Hours Min.
100. USUAL OCCUPATION (Give kind of wark done 10b during most of working life, even if retired)		Boydte		y}	12. CITIZEN O	F WHAT COUNTRY
At home	None	14. MOTHER'S MAIDE				
Butlades D Bushes						
Rutledge P. Hughes 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 177	INFORMANT	orthingto	N Address		
(Yes, no. or unknown) (11 yes, give wer or doles of service)						
No		exander L.Fe	ild,218 G	oodale_F		Itimore N
18. CAUSE OF DEATH [Enter only one couse per	ine for (a), (b), and (c).		121		INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Prohend Vo	escular 6	-0/(aps-	e .		12 has
578 × DUE TO Conditions, if ony, which)	Bestro. Inter	Lind he	minale	0	1	28 bu.
gave rise to immediate	4 11/2 11/10/	The state of the s	2000			
couse (a), storing the under-						
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CO	INDITION GIVEN	I IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO DE?
G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury	in Part I ar Part II a	f ilem 18.)		
20c. TIME OF INJURY Manth, Day, Year 20d. Hour o. m. 19 While of wa	Nat while fo	ACE OF INJURY (Hame, stoory, street, affice bldg.,	form, 20f. (City or t	awn)	(County)	(State)
21. I certify that I ottended the deced alive on		, 19.57, to a accurred of 5.4 M.O. 46 Ch	ADDRESS (Siree),	city or town, sto	on the do	the decease te stated above DATE SIGNEL
PHYSICIAN'S Thomas F. H.	erbert, M. D	•		C	ity, M	ld,
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) BUT 12 4-19-61	22c. NAME OF CEMETERY C		22d. LOCATION	(City, town, or e	county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR	AND DESCRIPTION OF THE PARTY NAMED IN	AR'S SIGNATUR	RE
F.C. Higinbothom, Ellicott	City Md			1		
F. O. HIELITOOUNG ELITEOUS	0107) Ma	DATE	PR 1 9 '61	- au	at S. Hear	
						AND .

death. Page 4 may be retained the haspital at attending physician.

TO FUNERAL DIRE

I. After this certificate has been signed by the attending physician and campletely filled in by the earl director page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A1S (4) 15M 9/55

In the de dimensi (d.) Littlett al 10 11 15

División A EDIC AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institutions Residence before edmission) e. COUNTY Page files. e. STATE b. COUNTY Howard MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Louiside corporete limits, write RURAL and give peerest town) Board of write RURAL and give neerest town) in pencil to the Milhin 24 hours after death. If any delay is in pencil to the funeral direction of the form PM3. Page 5 may be retained for your inferential-transit permit. File pages 1 and 2 with the State Board over, and in any event, within 72 hours efter death. Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? South Gate Tourist Home YES NO! 3. NAME OF First DATE M ddle Month DECEASED OF 19 61 (Type or print) DEATH W. GAT.T. April ROBERT 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers 1 IF UNDER 1 YEAR ! 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey! Months Hours Male Whi te WIDOWED n. VORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during roost of working life, even if retired) 13. FATHER'S NAME This certificate should be executed within U.S. ARMED FORCES? SOCIAL SECURITY NO. 17 Address (Yes, or unkown) (If yes give war or detes of service) Office along with burial-transit permi 12'00 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) Fatty metamorphosis o.f DUE TO removal. Conditions, if any, which (b) "pending" gave rise to immediate cause Examiner's fG. DUE TO (a), stating the underlying Sign cause lest. pesn PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 сгетат rifficate, writing the word 20 Medical NO [pluods 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert I, of item 18.) PRIMARY TO OF CONTRIBUTING T bess execute the chief meshould be forwarded to the Chief meshould be forwarded to the Chief meshould be forwarded to brief, in to burief, CAUSE OF DEATH. 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Courty) [Stele] fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion Natural causes 💢 Accident Suicide Homicide Undetermined manner death resulted from. CHIEF MEDICAL EXAMINER (X) ACTUAL DEPUTY ME DATE SIGNED ASSISTANT MEDICAL EXAMINER [SIGNATURE DEPUTY MEDICAL EXAMINER 10/61 **EXAMINER'S** Russell S. Fisher, NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL\(Specify) O Q40 P WYWC 23 FUNERAL DIRECTOR ADDRESS 24e. REC'D-BY REGISTRAR REGISTRAR'S SIGNATURE VS. A15ME Orthur S. Kraul 5M 7/59 DATE APR 1 '61

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS. BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm ssion) 1. PLACE OF DEATH e. COUNTY Раде **b.** COUNTY Howard MARYLAND b, CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) 3 to the funeral director. write RURAL and give nearest town 42 Mis. Laurel Lau**re**l STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 2 with the State R. High Ridge Ridge NAME OF DATE First Middle Month DECEASED OF MILTON (Typa or print) B. HARDING DEATH April #surs after d≡th. ages 1, 2, and 3 to 5. SEX AGE (In yeers IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED age 5 may 1 and 2 will 72 hours last birthday) Months i Male White WIDOWED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY in pencil in Item 18, Give Pages 1, 2 Office along with form PM3, Page done during most of working life, even if retired) pages 13. FATHER'S NAME 三 U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address or unkown / Alfyaso ve war or dates of service (Yes, 600. CAUSE OF DEATH |Enter only one causa per line for (e), (b), end (c).] Office along v Gunshot wound of chest and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) gave rise to immadiata cause DUE TO (a), stelling the underlying Examiner couse lest. nsed PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 28 cremati certificate, writing the word ecute To certificate, where the chief Medical be forwarded to the Chief Medical man, DIRECTOR, Page 3 should be CERTIFICA' 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I, of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING burial, CAUSE OF DEATH. Shot self in chest 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) 0 Wh le Not While Hour 300 al work High Ridge Laurel. Howard. at work prior FUNERAL DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy 1 3d. Inspection 1 Inquiry designated agent, Homicide Undetermined manner death resulted from Natural causes Accident Suicide X CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** Russell S. Fisher. pluods NAME (Type) Address (Street, city, town, or county) 228 BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. TOCATION (Gdy, town, or country)

Howard

a. IS RESIDENCE ON A FARM?

YES NOT

19 61

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

NO

(State)

Maryland

DATE SIGNED

10/61

YES 20

(County)

DATE

12. CITIZEN OF WHAT COUNTRY?

Yaar

VS. A15ME 5M 7/59

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4385 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND CLUCIY 670 CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Lacod d. NAME OF HOSPITAL (If not in haspital, give street address) the B. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 20 YES NO JOIN gud .⊆ NAME OF 4. DATE Middle Day filled Pages (Type or print) DEATH 011 5. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGÉ (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED completely last birthday) Manths WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pu VIVIING carbon offer 13. FATHER'S NAME physician remove hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address attending | USTILA 22 WEEdbir ease Ŧ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL SETWEEN ONSET AND DEATH ₽ iosclerotic Heart Disease PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIF, CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 has YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) (County) factory, street, affice bldg., etc.) Hour a.m. While Not while at wark of work . 19 (that I last saw the deceased 19.67 _, to__ and that death accurred at Q. A.M., from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL FUNERAL DIREC priar SIGNATURE plnous PHYSICIAN'S NAME (Type) 22d LOCATION (City, town, or county) 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Jonnings Chapel Florence. Md Burial 10 23. FUNERAL DIRECTOR'S) SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR Damascus, arthur S. Firms Mid . VS A15 (4) DATEPR 18

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ON A FARM?

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DATE SIGNED

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DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RES CERTIFICATE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY e. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN # outside corporate limits. E. LENGTH OF STAY IN 16 c CITY OF TOWN (If perside corporate limits, write RURAL and give nearest town) and e RURAL and give nearest town) Pages illedi d. STREET DORESS d MAME OF HOSPITA OR INSTITUTION (if not in hospital, give street address) completely 3. NAME OF Middle DECEASED DEATH (Typa or print) and cor withi 9. AGE (In years IF UNDER 1 YEAR lest by indey) Months | Days 5. SEX DATE OF BIRTH COLOR OR RACE 7. MARRIED NEVER MARRIED Months WIDOWED ! DIVORCED physician 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? геттоуе 10b. KIND OF BUSINESS OR INDUST County & State, or fora gn country) done during most of working life, even if retirad) 13. FATHER'S NAME 14. MOTHER guipo ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unkown) | [liyesgivewerordatesofservice] 18. CAUSE OF DEATH [Entar only one cause per tine for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed Conditions, if any, which gava rise to immadiata cause DUE TO (e), stating the undarlying cause lest. PART II, OTHER SIGNIF, CANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office b.dg., etc.) Whila Not White Hour e.m. at work at work 19 p.m. 21. I certify that (I) (this hospital) attended the deceased from (.)M. from the causes and on the date stated above and that ideath occured at. saw the deceased alive on... 22a. S GNATURE ATTENDING PHYS. DIRECTOR PHYS. M D eath. Page 4 22d. ADDRESE 22c. PHYSICIAN'S NAME [Type] LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, | 23b. MOVAL [Specify] 0 VR A15 (4) 15M 9/60

a. IS RESIDENCE

IF UNDER 24 HRS.

AND DEATH

PERFORMED? NO 1

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that (I) (we) last

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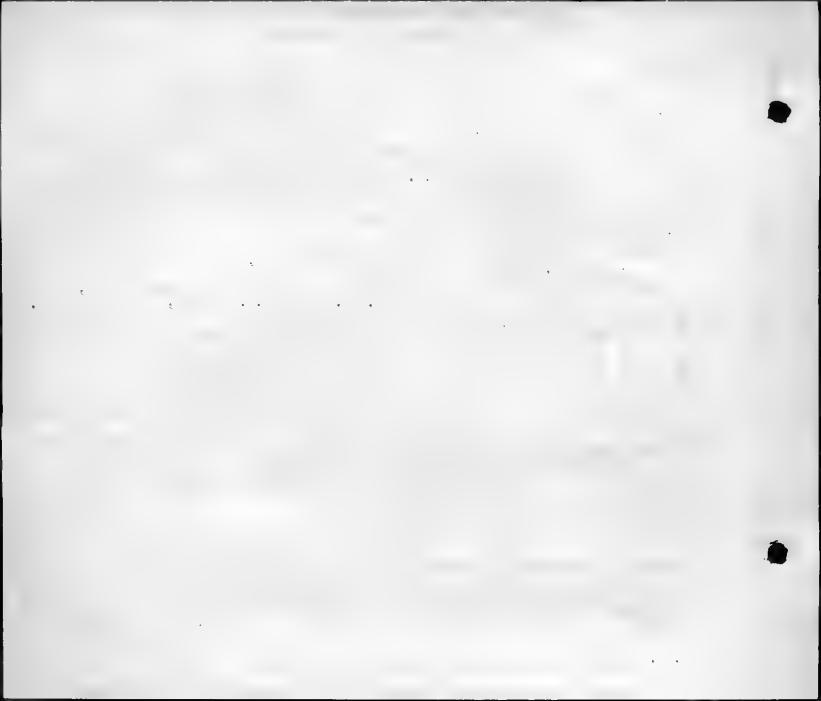


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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L				CERI	IFICA	IE OF DI	EAIH	1		Reg	. Dist. No). () ≃	000
1.	PLACE OF DEATH a COUNTY HOWE	ard		MAI	RYLAND	2. USUAL RESIDE	nce (wh		d lived. If that b, COU	YTY _	sidence before		ion)
	b. CITY OR TOWN (II RURAL and give ne Ellicott	outside carporale lim arest town)		LENGTH OF STA	Y IN 1b	c. CITY OR TO	wn (if o	ultide carpa	rote limits, wri			rorest Jawr	
L	Shalle Hutton	valescent	Retre	at				arket	Street	,		e. IS RES	FARMA
L	NAME OF DECEASED (Type or print)	5oph	/-6.	M.A.	•	Raabo	o	4. DATE OF DEATH	A	Month Pri/	6	,	Yeor 19 <i>6</i> /
1	emale	White	7- MARI WIDOWI	ED NEVER MAR		July 21,	, 187	2	9. AGE (In ye	ors IF UI IY) Mon yrs.	NDER 1 YEAR	Hours	Min
l	o. USUAL OCCUPATION during most of work	N (Give kind of work ing life even if retired WNOT	1 1	KIND OF BUSINESS Beauty Sho			ylan	-	ountry)	1:	USA	OF WHAT	COUNTRY
13.	FATHER'S NAME Ch	arles M. H	ermar	n		14. MOTHER'S M Eliza		AME D å 9h	1.				
15. (Y	WAS DECEASED EVER	IN U. S. ARMED FOR It yes, give wor or dates of t	CES? 16. ervice)	social security n None	- 1	ormant Dr. Edw	vard	4607 A.G.	Old Fre Hermann	deri Ba	ck Ros ltimor	nd, re 29	,Md.
		TH [Enter only one co	, CC	refor (a), (b), and (c)	*.	Cardin		cide	,	:10	INT	SEL AND	DEATH
CATION	gove rise to in cause (o), stating (lying cause lost. PART II. OTH)	ONTRIBUTING TO D	DEATH BUT N	OT RELATED TO TO	HE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN	PART I(0)	19. WAS PERFC	AUTOPSY RMED?
CERTIFICAL	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of H	njury in P	ort I or Par	t II of item 18	1		YES 🗌	ио ∕⊠
MEDICAL	20c. TIME OF INJURY Have a.m. p. m.	f Month, Day, Ye	or 20d II While of war	NJURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (Ho ry, street, office b	me, form, ldg., etc.)	20f. (City	or lown)		(County)		(Stote)
	21. I certify that I attended the deceased from MCM 75, 19.57, to Agril 6, 1961, that I last saw the decease alive on Act 5, and that death occurred at 2, A.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE SIGNATURE M.D. 46 Chyr 4 L 1												
	PHYSICIAN'S NAME (Type)	homes /	F /	terbert	, H.D	211	icst	+ C+	, Mo	/		47	0-6,
22	BURIAL CREMATION REMOVAL (Specify) BURIAL	1/8/1961)F	Mount O		Cemetery			on (City, tov	vn, or cou		yland	a) l
23	M. R. Etch	signature Lison & Son	- Fre	ADDRESS ederick. M	arvlar			BY REGIST			'S SIGNATU		

D FUNERAL DIRE: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. deoth: Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after haspital or attending physician. TO FUNERAL DIRE VS A1S (4) 1SM 9/SS





MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND AL EXAMI 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence Detains Items 2 & 7 Film Gaob PLACE OF DEATH COUNTY e. STATE b. COUNTY of Health Heward MARYLAND b. C TY OR TOWN (if outs de corporete .im ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give neerest town! for your yr Baltimore 24. Jessun 70 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS a. IS RESIDENCE 1), 2, and 3 to the funeral dage 5 may be retained for land 2 with the State Boa 72 hours after death. Clinton Street 416 S. ON A FARM? erkins Hospital I No I Clifton Perkins Hospital 3. NAME OF Middle DATE DECEASED OF (Type or print) EDWARD DEATH STAWARA 33 19 61 24 hours after death, ve Pages 1, 2, and 3 to 9. AGE (In years (IF UNDER) YEAR! IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last Lathday) Dec. DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 9 done during most of working life, even if relired) 18. Give Pages 1 h form PM3. Pag USA Western Elect. Maryland Machine Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Loretta Rostkowski Joseph Stawara 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or datas of service) Office along with to burial-transit permit impoval, and in any e 213-34-7394 Mrs. Loretta Stawara. 416 S. Clinton St 18. CAUSE OF DEATH [Enter only one cause per I ne for [e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate cause "pending" DUE TO (a), stating the underlying Examiner SE cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 NO [Medical should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of item 18.) 20a EXTERNAL CAUSE WAS of forwarded to the Chies house forwarded to the Chies house of should be build, or PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) Month, Dey, Yeer (County) (State) Not While factory, street, office bldg., atc.) should be forwarded to me Front DECTOR: P. True designated agent, prior at work e! work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural caeses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER W. Bradley King, Jr., M.D. EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION | 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (QUALL WILL & country) REMOVAL (Specify) ₽40 Holy Rosary Burial Baltimore23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME & SONS, 1808 EASTERN AVENUE 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) HOWARD b. COUNTY HOWARD MARYEAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ELLICOTT ELLICOTT d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. (S RESIDENCE OR INSTITUTION ON A FARM? COLLEGE YES NO T NAME OF 4. DATE Middle last Yeor Day filled DECEASED 1961 29 SULLIVAN DEATH (Type or print) APRILLOUISE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED TNEVER MARRIED 8. DATE OF SIRTH completely Months Days FEMALE WIDOWED [7] DIVORCED [7] papers. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIETHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) PENNA. and THOLIC SCHOOL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KLINE GERTRUDE 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. J. J. SULLIVAN ELLICOTT CITY, MD. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY hour IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** coese (a), stating the underlying cause fost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS) PERFORMED? YES [7] NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while at work of work p. m. 21. I certify that I attended the deceased from 19.6. L. that I lost sow the deceased alive on ond that death occurred at to M, from the causes and on the date stated above. ADDRESS (Street, city or town, sfole) DATE SIGNED ACTUAL SIGNATURE DIRE pluods Ellicott FUNERAL PHYSICIAN'S WILLIAM F. NAME (Type) n 220. BURIAL CREMATION, 226. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) BALTIMORE, MARYLAND . *Gathedral* 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE Cathery S. Thousa 805 N. SON ď VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

39%	CERTIFICATE OF	DEATH

Reg.	Dist,	No.	()	4	3	8	4
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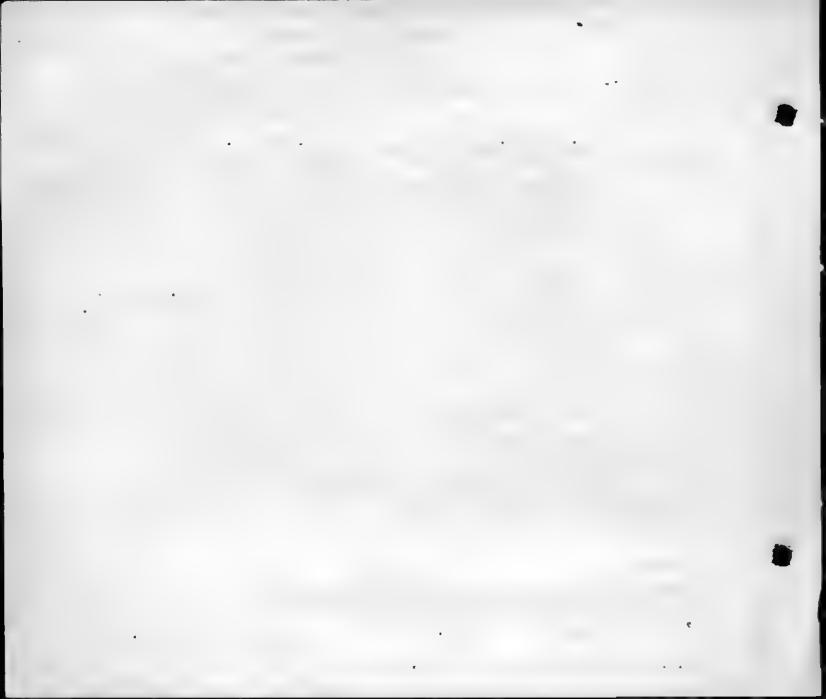
1. PLACE OF DEATH a. COUNTY HOWard MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a MATE b. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ELLICOTT CITY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 348 W. Main St.	d. STREET ADDRESS 348 W. Main St. 6. IS RESIDENCE ON A FARM? YES NO.
3 NAME OF BRADLEY BARL	TITTSWORTH 4. DATE Month Day Yeor DEATH April 16 1961
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED White WIDOWED DIVORCED	last birthdoy) Months Days Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired) mechanic auto	
mechanic auto	Maryland 14. MOTHER'S MAIDEN NAME
Marshall Tittsworth	Agnes Tucker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (16) AD OF UNKNOWN) L. HI was given way or delet of service)	17. INFORMANY 348 W. Main St, frs Angela Tittsworth Ellicott City, Md.
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), staling the underlying cause lost.	branc with were and 2 years
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO
	JRRED. (Enter nature of injury in Part 8 or Part 18 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. 19 While Not while at work at work at work	PLACE OF INJURY (Home, form, foctory, streel, office bldg., etc.) (City or town) (County) (State
21. I certify that I attended the deceased from Sift olive on 9 pm, 19 61, and that deceased from Physician's NAME (Type)	truder 1959, to April 16, 1961, that I last saw the decease of a course of P. M., from the causes and an the date stated about the course of t
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER'S REMOVAL (Specify)	(4.7)
Burial 4/19/61 St. John	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. C. Higinbothom Ellicott City. Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CARTINA & Thank
4	

may be retained. The hospital or attending physician.

TO FUNERAL DIR. R: After this certificate has been signed by the attending physician and campletely filled in by the character, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after VS A15 (4) 15M 9/55



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requires that the

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to the hospital or attending physician.	TO FUNERAL DIRE. R: After this certificate has been signed by the attending physician and campletely filled in by the ered director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
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									Mag. Dis			
1. PLACE OF DEATH o. COUNTY Howard			MAR	YLAND	o. STATE Maryl		ere deceased	lived. If instituti	on Resident	ta before	e admissi	ion)
6. CITY OR TOWN (III RURAL and give no Ellicat		, write	c. LENGTH OF STAY	(IN 1P	V	town (IF o		ate limits, write R	URAL end g	jive near	est town)
d. NAME OF HOSPIT	At (If not in hospital, gi	ve street o	oddress)	PA AND THE PARTY OF THE PARTY O	d. STREET	ADDRESS	ain St			1		DENCE FARM? NO
I. NAME OF DECEASED (Type or print)	Firs ALEXIS		Middle S. WILLI		Lo	et	4. DATE OF DEATH	Apr.	01	Day 1961	2	fear
s. sex Male		7. MARRI WIDOWEI	ED NEVER MARRI		date of birt Aug. 25,			9. AGE (In years last birthday) 83 yrs.	IF UNDER Months	Days	Hours	R 24 HRS. Min.
Retired	N (Give kind of work ding life, even if retired)		KIND OF BUSINESS O			vland	or foreign co	untry)	12. CIT	ZEN OF	WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Alexan						Rose	Ella H	lanson				
15. WAS DECEASED EVER	R IN U. S. ARMED FORC If yes, give war or dates of se		SOCIAL SECURITY NO		oy Will	liams,	2210 0	ollege S		lumb	oia,	s.c.
	TH [Enter only one courth WAS CAUSED BY: IMMEDIATE CAUSE (0)	se per line	far (o), (b), and (c)	111	mone	per	59	pws			ET AND	
Conditions, if or gave rise to in	amediate (Ear dia	ac S)ec	owe	pen =	वार्म वर	4	5	4	25
lying couse lost.	the under- CC (c)	4	ATA	50	CIN					1	OX	(125)
PART II. OTH	ER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	O THE TERMII	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	PERFO	RMED?
	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY C	CCURRED.	Enter noture o	of injury in P	ort I or Port	Il of ilem 18.)				
20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yea 19	20d. IN While at work	Not white of work	20e. PLAC factor	y, street, affic	(Home, farm, e bldg., etc.	20f. (City	or tawn)	(0	ounty)		(Stote)
21. I certify the alive on H-	at I attended the	decease _, 12.0		death a	ccurred at	5:55		the causes o			e state	
ACTUAL SIGNATURE	VHarf	-		M,()	40	9 6	olumb.	12 A	Road	1	
PHYSICIAN'S NAME (Type)	eter lan	1 /-	3. Tho	pe/h	MD.	1=1	1/1007	# (0.7	1/1	Ma.	14/	lano
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N. 22b. DATE THEREON		22c. NAME OF CEM Westerr					ION (City, town, o			(State	•)
23. FUNERAL DIRECTOR'S	SSIGNATURE		ADDRESS			240. REC'E	BY REGISTR	AR 24b. REGIS	STRAR'S SIG			
F.C. Higinb	othom, Ellic	cott	City, Md.			DATE M	AY 1 '	61 C	wither &	. the	ud.	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital or altending physician.

TO FUNERAL DIRL Attention that this certificate has been signed by the attending physician and completely filled in by the extra director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. (14387

7	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)				
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	Thankard Han	raid				
	RURAL and give neorest fawn)	c. CITY OR JOWN (If Straide corporate limits, write RURAL and gi	re nearest town)				
	d. NAME OF ROSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e, IS RESIDENCE				
	Brown Bridge Road	Brawn Budge Koop	ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print) Aniddle	Lost 4. DATE OF OF OF OF OF	Day Yeor 7 19 6/				
-	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE UN yeors IF UNDER 1 lost prindoy Months C	YEAR IF UNDER 24 HRS.				
	M WIDOWED DIVORCED	May 16, 1895 65 yrs. Months C	Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY T1. PORTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?				
	Farmer Farm	Ednar Maryland	USA				
1	Cipus emman Wilson	14. MOTHER'S MAIDEN NAME					
1	MS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF	NFORMANT) Address	4				
	Mes WWI	in Jestie L. Wilson How	pland my				
	JA. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	//	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute cardiac	failure	instant.				
	420. / DUE TO						
	Conditions, if ony, which) (b) Coronary artery occlusion in						
	gove rise to immediate couse (a), stating the under-						
	lying couse last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?				
	Y		YES NO K				
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	 (Enter nature of injury in Part I or Port II of item 18.) 					
		ACE OF INJURY (Home, form, 20f. (City or town) (Co tory, street, office bldg., etc.)	ounly) (State)				
	Hour o. m. P. m. While Not while of work of work	iory, sites, office blog., etc.)					
	21. I certify that I attended the deceased from Dec. 31	. 1946, to April 7, 1961, that I la	ist saw the deceased				
		occurred at 800 A.M. from the causes and on the					
	11 1 6 11 -1 1 6	ADDRESS (Street, city or town, state)	DATE SIGNED				
	SIGNATURE (Lowles), Man whe 19,	wb	April 9, '61				
	PHYSICIAN'S						
	NAME (Type) Charles S. Whitaker, M.D.		Howard Co.)				
8	220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or county)	(Stole)				
3	23. FUNIERAL DIRECTOR'S SIGNATURE ADDRESS	C 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE STATE				
3	DeWitt Danaldson, Lawel	My DATEDR 12:61 Out a 8 to					

CERTIFICATE OF DEATH ATT THE RESERVE TO STATE OF THE PARTY OF THE 157 LET OF 1200 - 100 - 11 101/5 10 100 . 21 2017 the second secon NUMBER OF THE PROPERTY OF THE The energy condition with \mathbb{R}^{-1} . \mathbb{R}^{-1} , \mathbb{R}^{-1} , \mathbb{R}^{-1} , \mathbb{R}^{-1} La reministration of the control of - , - 1